Form
MO-CFC

Missouri Department of Revenue
Champion for Children Tax Credit

Department Use Only (MM/DD/YY)

Taxable Year Beginning (MM/DD/YY) Ending (MM/DD/YY)

Tax Credit Claimant Information

Taxpayer's Name

Social Security Number

Spouse's Name

Spouse's Social Security Number

Business Name

Missouri Tax I.D. Number

Federal Employer I.D. Number

Charter Number

NAICS Code (if applicable)

Address | City | State | ZIP Code

Tax Type

☐ Individual ☐ Corporation ☐ Other _____

Qualified Agency

Name

Address | City | State | ZIP Code

Agency Type

☐ CASA (Court Appointed Special Advocate) ☐ Child Advocacy Centers ☐ Crisis Care Centers

Contributions (See page two for additional contributions)

Date (MM/DD/YY)	Contribution Amount (Minimum amount $100) -- Round to nearest dollar --	Tax Credit (50%)
__ __ / __ __ / __ __ __ __	00	00
__ __ / __ __ / __ __ __ __	00	00
__ __ / __ __ / __ __ __ __	00	00

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Additional Contributions

Date (MM/DD/YY)	Contribution Amount (Minimum amount $100) -- Round to nearest dollar --	Tax Credit (50%)
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00
__ __/__ __/__ __ __ __	00	00

We are submitting this claim for the purpose of establishing the taxpayer's eligibility for the tax credit pursuant to **Section 135.341, RSMo**, and said taxpayer is entitled to a tax credit of 50% of the contribution. Champion for Children tax credits are subject to available funding. If claims exceed the funding, the redemption of the credit will be prorated to the extent funds are available.

Signature(s)

I certify this claim to be true and accurate.

Signature of Qualified Agency Director	Date (MM/DD/YYYY) __ __/__ __/__ __ __ __

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Taxpayer Signature	Taxpayer's Printed Name	Date (MM/DD/YYYY) __ __/__ __/__ __ __ __
Spouse's Signature (if applicable)	Spouse's Printed Name	Date (MM/DD/YYYY) __ __/__ __/__ __ __ __

This form must be attached to the Miscellaneous Income Tax Credits (**Form MO-TC**), along with your tax return.

Form MO-CFC (Revised 12-2018)

Taxation Division
Individual Income Tax
P.O. Box 27
Jefferson City, MO 65105-0027

Taxation Division
Business Tax
P.O. Box 3365
Jefferson City, MO 65105-3365

Phone: (573) 751-3220
Fax: (573) 751-7744
E-mail: taxcredit@dor.mo.gov

Visit **http://dor.mo.gov/taxcredit/cfc.php** for additional information.

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